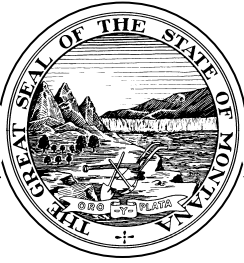


DEPARTMENT OF ADMINISTRATION  
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER  
GOVERNOR

ANNIE M. GOODWIN  
COMMISSIONER

STATE OF MONTANA

301 SOUTH PARK, SUITE 316  
Helena, MT 59601

CSBS ACCREDITED 2004  
(406) 841-2920  
(406) 841-2930 FAX

MEMORANDUM

TO: Montana Residential Mortgage Lender Licensees

FROM: Department of Administration  
Division of Banking and Financial Institutions

DATE: July 31, 2009

RE: 2010 Annual License Renewal

Montana law requires that the Residential Mortgage Lender Licenses be renewed annually. **Renewal forms must be received no later than September 1, 2009.** Enclosed is the 2010 mortgage lender entity and branch renewal application form. Please complete and return to the Division of Banking and Financial Institutions (Division) with the renewal fee, payable to the State of Montana. The renewal fee for a mortgage lender entity is \$350.00 and a mortgage lender branch is \$125.00.

It is the responsibility of each licensee to accomplish renewal of its license. **Failure to return the completed renewal form by September 1, 2009 with the applicable fee(s) will result in non-renewal of the license.** Failure to renew the license by that date will require the submission of a new initial application with appropriate fees and supplemental materials. Any lapse in your license status would require that you immediately cease originating or making Montana residential mortgage loans.

Please be advised that to comply with Section 32-9-122, MCA, each mortgage lender entity and mortgage lender branch that originates Montana residential mortgage loans must have a designated manager. The designated manager must be a licensed mortgage loan originator with three years of experience as a mortgage loan originator. The Division will not issue mortgage lender entity and mortgage lender branch renewal licenses until the designated managers are licensed for each location.

Section 32-9-128, MCA requires that each licensee without a physical office in Montana must submit an irrevocable consent form appointing the department as the registered agent. Enclosed is the irrevocable consent form which you will complete to appoint the Division as your registered agent for the purpose of receiving any lawful process defined in 32-9-128, MCA.

The licensing renewal and irrevocable consent forms can also be found at the Division's mortgage lender webpage: [banking.mt.gov/mortgagelender.mcpx](http://banking.mt.gov/mortgagelender.mcpx).

If you have any questions, please contact Karen Dimmitt or Linda Leffler at:

Telephone No. - 406-841-2920

Fax No. – 406-841-2930

E-Mail – [kdimmitt@mt.gov](mailto:kdimmitt@mt.gov) or [lleffler@mt.gov](mailto:lleffler@mt.gov)

Mortgage lender webpage: [banking.mt.gov/mortgagelender.mcp](http://banking.mt.gov/mortgagelender.mcp)x

Regular Mail:

Division of Banking and Financial Institutions

P.O. Box 200546

301 South Park, Suite 316

Helena MT 59620-0546

Overnight Mail:

Division of Banking and Financial Institutions

301 South Park, Suite 316

Helena MT 59601

**2010 RENEWAL APPLICATION**  
**Montana Residential Mortgage Lender Entity or Branch License**

\_\_\_\_\_  
**License Number**

\_\_\_\_\_  
**Date**

To: Department of Administration  
Division of Banking and Financial Institutions  
P.O. Box 200546  
301 South Park, Suite 316  
Helena MT 59620-0546

**I hereby affirm the following:**

1. The undersigned will continue the business of Residential Mortgage Lending and hereby applies for a license. The license fee of \$350.00 (mortgage lender entity) or \$125.00 (mortgage lender branch) is enclosed.
2. Daily operation of our office will be in accordance with the provisions of the Montana Mortgage Broker, Mortgage Lender and Mortgage Loan Originator Act (Act). I acknowledge that I have read and understand the Act and will share these statutes with our employees to be in compliance at all times. Please be advised that copies of the Act are available upon request by contacting the Division at (406) 841-2920 or online at <http://banking.mt.gov/mortgagelender.asp>.
3. I attest that there are no changes in these areas:
  - a. Entity name
  - b. Entity or branch trade name
  - c. Entity or branch physical office address
  - d. Entity or branch mailing address
  - e. Entity or branch contacts (e.g. legal person, authorized person, consumer complaint person, records person)
  - f. Entity ownership
  - g. Entity principals (officers, directors, etc...)

**If there are any changes in the areas indicated above please provide that information in writing with this renewal application.**

4. Entity business volume (required on entity renewals only):

What is the total loan volume in dollars of Montana residential mortgage loans that your business made as a mortgage lender in 2008? What is the total number of Montana residential mortgage loans made as a mortgage lender in 2008? This must include all Montana residential mortgage loans funded by your principal and branch offices.

\_\_\_\_\_ (Total Dollar Volume of Montana Loans Made in 2008)

\_\_\_\_\_ (Total Number of Montana Loans Made in 2008)

5. Does this entity or branch originate Montana residential mortgage loans? \_\_\_\_\_ (yes/no)
6. Does this entity or branch solely engage in wholesale mortgage lending? \_\_\_\_\_ (yes/no)

7. Entity or branch designated manager **(does not apply if entity or branch does not originate mortgage loans in Montana):**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Contact: \_\_\_\_\_

Entity/Branch Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

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In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**The following must be completed by a Notary:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Before the undersigned, a Notary Public, personally appeared:

the authorized official of this licensee, to me known, who acknowledged that they executed the foregoing renewal application for the purpose therein mentioned on \_\_\_\_\_ (date).

\_\_\_\_\_  
(Signature of notarial officer)

\_\_\_\_\_  
(Name – typed, stamped or printed)

\_\_\_\_\_  
(Title and Rank)

\_\_\_\_\_  
(Residing at)

My commission expires: \_\_\_\_\_

(Seal, if any)